

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

RECEIVED  
U.S. DISTRICT COURT  
NEW YORK

DEXTER ETIENNE-MODESTE JR

2017 FEB 23 AM 10:30

**17CV1374**

Write the full name of each plaintiff.

(Include case number if one has been assigned)

-against-

PORT AUTHORITY POLICE

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

**COMPLAINT**

(Prisoner)

Do you want a jury trial?

Yes  No

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

### I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

Violation of my federal constitutional rights

Other: \_\_\_\_\_

### II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

DEXTER M ETIENNE - MODESTE JR

First Name

Middle Initial

Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

137 127 60 H

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

MDC

Current Place of Detention

125 WHITE STREET

Institutional Address

MANHATTAN

County, City

NY

State

10013

Zip Code

### III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

Pretrial detainee

Civilly committed detainee

Immigration detainee

Convicted and sentenced prisoner

Other: \_\_\_\_\_

#### IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

First Name	Last Name	Shield #
<u>POLICE OFFICER</u>		
Current Job Title (or other identifying information)		
<u>625 8 AVENUE</u>		
Current Work Address		
<u>MANHATTAN</u>	<u>NY</u>	<u>10013</u>
County, City	State	Zip Code

Defendant 2:

First Name	Last Name	Shield #
<u>POLICE OFFICER</u>		
Current Job Title (or other identifying information)		
<u>625 8 AVENUE</u>		
Current Work Address		
<u>MANHATTAN</u>	<u>NY</u>	<u>10013</u>
County, City	State	Zip Code

Defendant 3:

First Name	Last Name	Shield #
<u>POLICE OFFICER</u>		
Current Job Title (or other identifying information)		
<u>625 8 AVENUE</u>		
Current Work Address		
<u>MANHATTAN</u>	<u>NY</u>	<u>10013</u>
County, City	State	Zip Code

Defendant 4:

First Name	Last Name	Shield #
<u>POLICE OFFICER</u>		
Current Job Title (or other identifying information)		
<u>625 8 AVENUE</u>		
Current Work Address		
<u>MANHATTAN</u>	<u>NY</u>	<u>10013</u>
County, City	State	Zip Code

**V. STATEMENT OF CLAIM**

Place(s) of occurrence: 625 8 AVENUE

Date(s) of occurrence: 11/24/2017

**FACTS:**

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

ATTEMPTING TO LIGHT A CIGARETTE TO SMOKE, ARRESTING OFFICER SHEILD # 2437 ATTATCHED ON TO MY WRIST SLAMMING IT AGAINST THE PORT AUTHORITY BUS TERMINAL ENTRANCE DOORS. OFFICERS THEN GRABBED MY CLOTHING TEARING THEM WITH AGGRESSION WHILE HANDCUFFED TO THE WALL. SHORTLY AFTER MY HEAD WAS GETTING SLAMMED AGAINST THE WALL, UNTIL I WAS THROWN ON CONCREATE HITTING MY HEAD AGAINST METAL SEATS. I WAS STRUCK IN THE FACE AND HEAD MULTIPLE TIMES WITH CLOSED FIST STEPPING ON MY SPINE. PULLING OFF MY CLOTHING OFFICERS PRESSED THERE KNEE ON MY BACK AND NECK, SHOUTING "DONT KILL ME" UNTIL UNABLE TO BREATH. A NET WAS PLACED OVER MY HEAD PICKING ME UP OFF THE GROUND, TAKING PICTURES OF MY FACE WHICH IS QUESTIONABLE.

**INJURIES:**

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

CORNEAL ABRASION TO LEFT EYE

DAMAGE TO VISION, POPPED BLOOD VESSEL

NERVE DAMAGE TO RIGHT HAND

MIGRATION WITH NECK TENSION

LEFT RADIATING PAIN

DAMAGE TO BACK AND RIGHT KNEE

**VI. RELIEF**

State briefly what money damages or other relief you want the court to order.

10 MILLION FOR COMENSATORY  
AND PUNITIVE DAMAGES.

## VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

2/11/2017

Dated



Plaintiff's Signature

DEXTER M ETIENNE - MODESTE JR

First Name

Middle Initial

Last Name

125 WHITE STREET

Prison Address

MANHATTAN

County, City

NY

State

10013

Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: \_\_\_\_\_

EXTER ETTIENNE - MODESTE JR (3491700813)

125 CHAMBERS STREET  
NEW YORK, NY 10013

RECEIVED  
FEB 22 2017 10:00 AM  
U.S. POSTAL SERVICE



UNITED STATES DISTRICT COURT  
500 PEARL ST.  
NEW YORK, N.Y. 10007



10007-131668 [REDACTED]